F25000000957

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(OrtyrState/Ziprr Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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September 12, 2023

JOHN J ZAPPITELLI 4758 HAYDEN BLVD COLUMBUS, OH 43221 US

SUBJECT: ELLIOTT & ZAPPITELLI CPA'S LLC

Ref. Number: M1900000357

We have received your document for ELLIOTT & ZAPPITELLI CPA'S LLC . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Missing signature of authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III

Letter Number: 723A00020893

UUI 6 3 2023

COVER LETTER

Tallahassee, FL 32314

TO: Registration	Section Corporations'			
	•		4. 87,1	e.
SUBJECT:	Zappitelli CPAs, LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.		
Please return all corres	spondence concerning this matter	to the following:		
	John J Zappitelli			
		Name of Person		
	Elliott & Zappitelli CPAs,	LLC		
		Firm/Company		
	4758 Hayden Blvd			
		Address		
	Columbus, OH 43221			
		City/State and Zip Code		
	karen@jzcpa.com			
Co- forther information		to be used for future annual report noti	fication)	
	n concerning this matter, please c			
Karen Zappitelli		614 519-8902 at ()	_	
Nam	e of Person	Area Code Daytim	e Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &
Mailing Add		Street Address:		
Registratio Division of	n Section Corporations	Registration Sec Division of Cor		
P.O. Box 6		The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

. ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elliott & Zappitelli CPAs, LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited L	ny as it now appears on ou liability Company)	r records.)	·
he Articles of Organization for this Limited	Liability Company	were filed on	28-18	and assigned
lorida document number M19000000357				
his amendment is submitted to amend the fo	llowing:			
If amending name, enter the new name	of the limited liabi	lity company here:		
Zappitelli CPAs, LLC				
he new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designati	on "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appli	icable:			~
Principal office address MUST BE A STRE	ET ADDRESS)			(EX)
				•
Enter new mailing address, if applicable:		4758 HAYDE	en BLUD.	
(Mailing address MAY BE A POST OFFICE BOX)		COLUMBUS, O	H1043221	?
		,		5.5
3. If amending the registered agent and/or gent and/or the new registered office addr Name of New Registered Agent:			, enter the name of	the new regist
Name of New Registered Agent.	105 44 4 10	. #200		
New Registered Office Address:	105 4th Ave NE	Enter Florida stre	et address	· ····-
	St. Petersburg	Since 7 to lide dive	Florida 33701	
		Cirv		Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Mark Elliott	105 4th Ave NE #208 St Petersburg, OH 33701	🗆 Add
			= Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
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			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
те.	ctive date, if other than the date of filing: (optional)
Note	effective date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
••	d <u>07/13/2023</u>
Date	
	VM Son I
	Signature of a member or authorized representative of a member